

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IFW

In re Patent Application of

Atty Dkt. 1579-880

C# M#

HAYNES et al

TC/A.U.

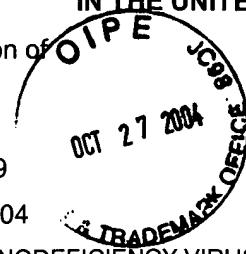
Serial No. 10/753,339

Examiner:

Filed: January 9, 2004

Date: October 27, 2004

Title: HUMAN IMMUNODEFICIENCY VIRUS VACCINE



Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**REQUEST FOR CORRECTION OF FILING RECEIPT**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	0	minus highest number		
previously paid for	20	(at least 20) =	0	\$ 18.00
Independent claims after amendment	0	minus highest number		
previously paid for	3	(at least 3) =	0	\$ 88.00
If proper multiple dependent claims now added for first time, add \$300.00 (ignore improper)			\$	0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$430.00/2 months; \$980.00/3 months)			\$	0.00
Terminal disclaimer enclosed, add \$ 110.00			\$	0.00
<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$790.00)			\$	0.00
<input type="checkbox"/> Please enter the previously unentered , filed				
<input type="checkbox"/> Submission attached				
			<b>Subtotal</b>	<b>\$ 0.00</b>
If "small entity," then enter half (1/2) of subtotal and subtract			-\$	0.00
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith				
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)			\$	0.00
Assignment Recording Fee (\$40.00)			\$	0.00
Other:				
			<b>TOTAL FEE ENCLOSED</b>	<b>\$ 0.00</b>

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.  
By Atty: Mary J. Wilson, Reg. No. 32,955

Signature: Mary J. Wilson



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of

Confirmation No. 7106

HAYNES et al

Atty. Ref.: 1579-880

Serial No. 10/753,339

TC/A.U.:

Filed: January 9, 2004

Examiner:

For: HUMAN IMMUNODEFICIENCY VIRUS VACCINE

\* \* \* \* \*

October 27, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Office of Initial Patent Examinations  
Filing Receipt Corrections**

Sir:

**REQUEST FOR CORRECTION OF FILING RECEIPT**

Enclosed is a copy of the Filing Receipt for the above-identified application which contains an error in the section entitled "Domestic Priority data as claimed by applicant". It now reads as "This application is a CON of 09/775,805 02/05/2001". It should read "This application is a DIV of 09/775,805 02/05/2001" as noted on our application coversheet submitted January 9, 2004. The corrections is shown in red on the attached copy of the filing receipt. Please note your records accordingly. Correction of same is respectfully requested.

HAYNES et al  
Serial No. 10/753,339

Respectfully submitted,

**NIXON & VANDERHYE P.C.**

By: Mary J. Wilson  
Mary J. Wilson  
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OCT 27 2004  
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/753,339	01/09/2004	1645	770	1579-880	1	7	1

## CONFIRMATION NO. 7106

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 ARLINGTON, VA 22201-4714

## UPDATED FILING RECEIPT



\*OC000000013102200\*

Date Mailed: 06/29/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

### Applicant(s)

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 Norman Letvin, Newton, MA;

### Assignment For Published Patent Application

DUKE UNIVERSITY, Durham, NC;  
 BETH ISRAEL DEACONESS MEDICAL CENTER, Boston, MA;

### Domestic Priority data as claimed by applicant

This application is a <sup>DN</sup> CEN of 09/775,805 02/05/2001  
 which is a CIP of 09/497,497 02/04/2000 ABN

### Foreign Applications

If Required, Foreign Filing License Granted: 04/15/2004

Projected Publication Date: 10/07/2004

Non-Publication Request: No

Early Publication Request: No

**Title**

Human immunodeficiency virus vaccine

**Preliminary Class**

424

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**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

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